Wisconsin Statewide OWI Treatment Court Performance Measures

DATE

December 2022

Kathryn J. Genthon, MS
Michelle Cern, MPA
Miriam Hamilton, MS
Allison Trochesset, Ph.D.
Sarah Vandenberg Van Zee, LMSW

TABLE OF CONTENTS

ACKNOWLEDGEMENTS

The Wisconsin Director of State Courts Office (DSCO) and the National Center for State Courts (NCSC) would like to take this opportunity to gratefully acknowledge and thank all members of the Wisconsin OWI Treatment Court Performance Measures Advisory Group who committed valuable time to this intense project. The strong collaborative effort between the Director of State Courts Office and the OWI Treatment Court Advisory Group has advanced the capacity to assess their effectiveness and efficiency. Without the hard work and dedication of those listed below, in addition to all the committed professionals working in problem-solving courts throughout the state, this project would not have been possible.

The authors would also like to thank our NCSC colleagues for their invaluable contributions to the project.

Performance Measures Work Group

Ashley Billig
Criminal Justice Research Analyst Supervisor
Bureau of Justice Information and Analysis
Wisconsin Department of Justice

Tyler Brandt
Circuit Court Policies and Procedures Advisor
Office of Court Operations

Michael Derr
TAD Program Specialist
Wisconsin Department of Justice

Corey Endreas
Probation Agent
Wisconsin Department of Corrections

Megan Jones
Director of Research and Policy
Wisconsin Department of Corrections

Heather Kierzek
Statewide Problem-Solving Court Coordinator
Office of Court Operations

Judge Elliott Levine
La Crosse County Circuit Court

Judge Emily Long
Eau Claire County Circuit Court

Rebecca Luczaj
Justice Services Coordinator
Waukesha County

Elizabeth Pohlman McQuillen
Justice System Manager
Rock County

Kristin Schier
Treatment Court Coordinator
Grant County

Performance Measures Work Group (continued)

Mark Vanden Hoogen
Criminal Justice Services Manager
Brown County

Laura Yarie
Justice System Coordinator
Marathon County

Derek Veitenheimer
Director of Bureau of Justice Information and Analysis
Wisconsin Department of Justice

Judge Todd Ziegler
Monroe County Circuit Court

National Center for State Courts Staff

Erika J. Bailey, MA
Court Research Analyst

Miriam Hamilton, MS
Court Research Analyst

Erica J. Boyce, Ph.D.
Senior Court Research Associate

Allison Trochesset, Ph.D.
Court Research Associate

Michelle Cern, MPA
Principal Court Management Consultant

Sarah Vandenberg Van Zee, LMSW
Program Specialist

Kathryn J. Genthon, MS
Senior Court Research Associate

Lindsey E. Wylie, J.D., Ph.D.
Court Research Associate

The Wisconsin Director of State Courts Office and the National Center for State Courts thank the Bureau of Justice Assistance for its financial support of this effort. This document was developed under Grant Number 2018-DC-BX-0154. The points of view expressed are those of the authors and do not necessarily represent the official position or policies of the Bureau of Justice Assistance, the Wisconsin Director of State Courts Office, or the National Center for State Courts.

INTRODUCTION

Performance measurement is considered an essential activity in many government and non-profit agencies because it "has a common sense logic that is irrefutable, namely that agencies have a greater probability of achieving their goals and objectives if they use performance measures to monitor their progress along these lines and then take follow-up actions as necessary to insure success" (Poister, 2003). Effectively designed and implemented performance measurement systems provide tools for managers to exercise and maintain control over their organizations, as well as a mechanism for governing bodies and funding agencies to hold programs accountable for producing the intended results.

The argument for measuring the performance of treatment courts is compelling because they must compete with other priorities of the criminal justice system for a finite amount of resources. This makes it incumbent upon treatment courts to demonstrate that the limited resources provided to them are used efficiently and that this expenditure of resources produces the desired outcomes in participants. To this end, treatment court performance measures should demonstrate that participants are receiving evidence-based treatment in sufficient doses, improving their capability to function effectively in society, and that participants are held accountable and public safety is protected.

Performance measurement is distinct from program evaluation and consequently does not attempt to ascertain the "value-added" by a treatment court over an appropriate "business-as-usual" alternative (typically probation or incarceration). Rather, performance measures provide timely information about key aspects of the performance of the treatment court to program managers and staff, enabling them to identify effective practices and, if warranted, to take corrective actions.

The National Center for State Courts' (NCSC) philosophy for the development of performance measures is guided by a few important principles. First, we aim for a small number of measures targeting the most critical of treatment court processes. Second, performance measures are developed with significant input from stakeholders. NCSC acts as an informed facilitator, offering suggestions and making recommendations for performance measures, but the ultimate decision is made by the advisory committee convened by the state-level agency responsible for treatment courts. Third, the target audiences for the performance measures are individual treatment courts. That is, these measures are intended to provide information to

individual courts to improve their performance. The information generated by the performance measures will also be useful to state-level policy makers, but they are not the primary target audience. Fourth, performance measures are well-documented. Detailed "specification" sheets are written for each performance measure, documenting data sources, calculations, and interpretation, leaving little equivocation about the gritty details of the performance measure.

The Wisconsin Circuit Courts have been proactive in seeking knowledge and guidance regarding the most effective strategies for use with criminal offenders in their courts. In the past, the NCSC conducted a Wisconsin-based research and strategic planning project that produced recommendations regarding the implementation of court-related, evidence-based strategies for the criminal courts. The primary objective of this earlier project was to provide guidance to promote the use of evidence-based practices within the criminal courts, court-supported programs, and throughout the criminal justice system. Among the overarching recommendations was the recommendation to encourage the development and use of meaningful measures that can be used to assess program performance and inform the distinct activity of program evaluation. The development of performance measures for Wisconsin's treatment courts began with drug and hybrid courts and resulted in the *Wisconsin Statewide Drug and Hybrid Court Performance Measures* (henceforth, drug and hybrid court performance measures) in 2015. In 2022, this work was expanded by the development of performance measure systems for Wisconsin's OWI and veterans courts, and supplementary measures for drug courts with a mental health track. The OWI and veterans court measures are each designed to be used as a stand-alone performance measure system, while the mental health track measures are meant to be used in conjunction with the drug and hybrid court performance measures.

Three Work Groups, one for OWI courts, one for veterans courts, and one for drug court mental health tracks, were formed to provide information about the policies and practices of Wisconsin's treatment courts and feedback on the measures proposed by NCSC staff. The OWI Work Group included OWI treatment court team members, and staff from the Wisconsin Director of State Courts Office (DSCO), Wisconsin Department of Justice, and Wisconsin Department of Corrections. The project and the work of the OWI Work Group were informed by a number of resources. First, the *Wisconsin Statewide Drug and Hybrid Court Performance Measures* provided the basis for the performance measurement system. Measures established in this report and also deemed generally applicable to treatment courts following the drug court model were retained as written or modified for the use of OWI courts. Second, the *Ten Guiding Principles of DWI Courts* provided information about the specific goals of OWI courts. Third,

the discussion was informed by previous work conducted by NCSC to develop performance measures for treatment courts in other states and research on evidence-based practices (e.g., Carey et al., 2012). Finally, the *High Performance Court Framework* (Ostrom and Hanson, 2010) was used to ensure that the selected measures provided a "balanced" perspective that represents competing values (e.g., productivity, efficiency, effectiveness, access).

The OWI performance measures are listed by performance category in **Table 1** below. *Outcome measures* target efforts of the court to hold participants accountable for substance use (percentage of positive discrete and continuous monitoring drug and alcohol tests, and the period of time between last positive drug test and discharge) and re-offending (in- and post program recidivism). *Processing and Admission Measures* focus on key steps and components of processing participants through OWI court. They include measures of timeliness (processing times and length-of-stay in the program and by phase or quarter), target population (screening and assessment), use of peer sober support, program outcomes (discharge type), team collaboration, and relapse prevention plan development and compliance. *Dosage Measures* examine the amount of treatment services, court and supervision, and drug and alcohol testing (incentives and sanctions, units of service, frequency of status hearings, frequency of drug and alcohol testing, frequency of supervision contacts, and length and frequency of mentor contacts) participants receive. *Procedural Fairness Measures* examines participants' perceptions of OWI court components and team members (perceived procedural justice) and access and fairness. *Social Functioning Measures* focus on behaviors that influence participants' capacity to function successfully in society and which may, if not properly addressed, be criminogenic for some participants (employment and transportation).

Table 1: Wisconsin OWI Treatment Court Performance Measures

Outcome Measures

1. Sobriety
   a. Average Percentage of Positive Drug and Alcohol Tests
   b. Average Percentage of Days with Positive Continuous Monitoring Alcohol Tests
   c. Average Period of Time from Last Positive Drug or Alcohol Test to Program Discharge
2. In-Program Recidivism
3. Post-Program Recidivism

Processing and Admission Measures

4. Processing Time
5. Screening and Assessment
    a. Percentage of Individuals with Applicable OWI Offenses Screened
    b. Percentage of Referred Individuals Admitted to the Program by Risk/Need Category
    c. Percentage of Participants by Risk/Need Category and Program Track
6. Percentage of Participants who Obtain Peer Sober Support
7. Discharge Type
8. Average Length-of-Stay
9. Average Length-of-Stay per Phase
10. Team Collaboration
11. Relapse Prevention Plan
    a. Relapse Prevention Plan Development
    b. Relapse Prevention Plan Compliance

Dosage Measures

12. Incentives and Sanctions
13. Attendance at Scheduled Treatment Services
14. Frequency of Status Hearings
15. Frequency of Supervision Contacts
16. Frequency of Drug and Alcohol Tests
17. Frequency of Contact with Peer Sober Support

Procedural Fairness Measures

18. Perceived Procedural Fairness
19. Access and Fairness

Social Functioning Measures

20. Employment Stability
21. Transportation Stability
    a. Driver's License Eligibility
    b. Driver's License Status
    c. Transportation Plan

Measurement Considerations

Performance measurement systems require an extensive supporting informational infrastructure, including a database containing the required data elements recorded at the level of the individual participant. For example, the dates and results of each drug test must be recorded for each participant.

For purposes of consistency across Wisconsin's treatment courts, the OWI performance measures use the same measurement considerations employed in the drug and hybrid court performance measures. These include the use of annual admission and discharge cohorts to organize the reporting of performance measures and the examination of performance measures over time.

In line with the National Research Advisory Committee (NRAC) recommendations and good research practice, NCSC recommends organizing admission and discharge streams of participants into cohorts for reporting purposes. Longitudinal and retrospective cohorts, corresponding to "admission" and "discharge" cohorts, respectively, have long been a staple of bio-medical research and more recently of sociological and criminological research.

Admission cohorts consist of all OWI court participants admitted during the same time period. Because all members of the cohort are admitted during the same timeframe, they will be equally subject to the same set of historical influences during the time they participate in treatment court, some of which may influence their progression through the program. For example, court policy may change as the cohort progresses through OWI court (e.g., the frequency of urinalysis may increase or decrease as a result of the court's budget or treatment providers may change). By using admission cohorts, we are able to link changes in the performance of different admission cohorts to particular events. For example, decreasing the frequency of urinalysis for a particular admission cohort may result in an increased termination rate for that cohort in comparison to previous admission cohorts that had a higher frequency of urinalysis. Because we know that everyone in the admission cohort is subject to the same set of historical influences, and that the only difference between the two cohorts is the frequency of urinalysis, it is easy to explain the performance differential. Thus, admission cohorts are used to control for historical artifacts that may lead to incorrect conclusions about treatment court performance.

Discharge cohorts consist of all OWI court participants that are discharged from the program during the same period of time, whether successfully or in some other fashion. They do not

provide the same level of protection against historical artifacts as admission cohorts do. However, they do avoid the delays in reporting information that are associated with admission cohorts (which must be tracked until every member of the admission cohort is discharged to provide complete information). Because treatment courts can rarely wait for admission cohorts to be discharged before they can produce performance data, the use of discharge cohorts is recommended for most performance measures, except where noted.

It is important to note that some of the OWI court measures expand the focus of the analysis beyond admission and discharge cohorts. The “access and fairness” measure and the “percentage of referred individuals admitted to the program by risk/need category” measure use a referral cohort (i.e., all of the individuals referred to the court in the same period). The “percentage of individuals with applicable OWI offenses screened” measure focuses on the eligible population and the individuals who are screened. The “team collaboration” measure uses meetings, rather than participants, as the unit of analysis.

Throughout this report, reference is made to annual admission or discharge cohorts. An annual timeframe is used for two reasons. First, many treatment courts are relatively small with few participants admitted or discharged during a given period of time. Courts in this category will require a year to accumulate a sufficient number of admissions and discharges to be able to draw any valid inferences about their performance. Because most performance measures are reported in percentages, smaller courts will not be penalized for a small reporting sample. However, to put the performance measure into perspective, frequencies (e.g., number of participants for a specific measure) should be reported in conjunction with the percentages. Secondly, annual reporting for most measures somewhat reduces the burden of reporting for treatment courts. The exception to this guidance is the “team collaboration” measure, which should be completed quarterly.

Distinct from the use of cohorts to report performance measure information, some performance measures must be measured over time to increase their utility. For example, percentage of failed drug tests is measured by phase or quarter of participation to provide information not only about how often participants are failing drug tests, but also about when these failures occur. If failures are clustered at certain points of processing, programmatic changes may be required at that processing point. The choice of time frame for each measure (monthly, by phase, or quarterly) was informed by relevant research.

OUTCOME MEASURES

1. Sobriety

There are three sobriety performance measures: Average Percentage of Positive Drug and Alcohol Tests; Average Percentage of Days with Positive Continuous Monitoring Tests; and Average Period of Time from Last Positive Drug Test to Program Discharge. While the definitions of each measure are unique, the purpose, sources, and User's Note apply to all three measures.

A. Average Percentage of Positive Drug and Alcohol Tests

Definition: The average percentage of total drug tests and average percentage of total alcohol tests that return positive for an illegal or banned substance (e.g., alcohol, prescription drugs used for non-medical purposes or without a valid prescription, etc.) or have results that are considered positive (e.g., refusal to complete test, admission of use, late test, missed test, diluted test, or tampered sample). Tests that are returned positive for prescription drugs used for valid medical purposes should be excluded.

Cohort:
- Annual Discharge

Data Required:
- Date of Program Admission
- Date of Drug Test
- Result of Drug Test
- Date of Alcohol Test
- Result of Alcohol Test
- Date of Program Discharge
- Type of Program Discharge
- Date of Phase Change

This indicator should be based on annual discharge cohorts and broken out by type of test (e.g., drug or alcohol) and phase (or quarter if the program does not use phases) of program participation. Using phase or quarter in program provides the court with important information as to the rates of positive use during different stages of program participation (e.g., percentage of drug tests administered to the participants in the discharge cohort during their first phase or quarter of participation that returned as positive). The results can alert the OWI court program to deficiencies in its program at specific points in time. The results from Preliminary Breath Tests (PBT) and sweat patches should also be included in the numerator and denominator of this measure. Continuous Monitoring tests should be excluded from this measure.

B. Average Percentage of Days With Positive Continuous Monitoring Alcohol Tests

Definition: The average percentage of days on which a participant has a positive result on continuous monitoring alcohol tests of total days monitored. Positive results include indication of use, admission of use, and tampering with the monitoring device.

Cohort:
- Annual Discharge

Data Required:
- Date of Program Discharge
- Date Continuous Monitoring Initiated
- Date Continuous Monitoring Concluded
- Date of Positive Results

To account for the results from a continuous monitoring device, this measure is distinguished from the discrete testing described in the previous measure. The continuous drug or alcohol measure is calculated by dividing the number of days of detected substance use by the total number of days of continuous monitoring to determine an overall percentage of days for which participants had a positive result while on continuous monitoring. Sweat patches should not be considered continuous monitoring tests. Since they only provide one result (use or no use), they are considered discrete tests and should be included in **Indicator A** of this measure.

C. Average Period of Time From Last Positive Drug or Alcohol Test To Program Discharge

Definition: The average number of days between the last positive drug or alcohol test and discharge by type of discharge. If there are no positive drug tests, this time period is equal to the participants' length-of-stay (LOS) in the program. If there is only one positive, this period is equal to the number of days between the date of that test and discharge. If there are multiple positives, it is equal to the date of the last positive test and the discharge date.

Cohort:
- Annual Discharge

Data Required:
- Date of Program Admission
- Date of Program Discharge
- Type of Program Discharge
- Date of Positive Drug Test

Purpose: Sobriety is a goal of all OWI courts because it fosters participant rehabilitation, public safety, and participant accountability. Research suggests that treatment courts that require participants to have greater than 90 days with only negative drug tests before graduation have reduced recidivism and produce significant cost savings over treatment courts that do not have this requirement.

Sources: Carey et al., 2012
Heck, 2006
Kelly and White, 2011

USER'S NOTE:

The ultimate determination of whether a drug test was positive or negative will be made only after all challenges to the test results have been resolved. This performance indicator should include the results of all drug tests administered, not only those administered by the drug court but also including those administered by external treatment providers. Requiring testing results from parties external to the court may not be feasible for some courts but they should take steps to make this possible in the near future. In the interim, drug tests administered by the drug court can be used. The results from Preliminary Breath Tests (PBTs) should be included in this measure.

The following formulas can be used to calculate the indicators of the sobriety performance measure.

INDICATOR A: Average Percentage of Positive Drug and Alcohol Tests can be calculated in two steps. First, the percent of positive drug tests is calculated for each participant using the following formula:

$$\begin{matrix}\text{Positive Drug} \\ \text{and Alcohol Tests} \\ \text{per Participant}\end{matrix} = \frac{\text{Total \# of Positive Drug Tests for each Participant}}{\text{Total \# of Drug Tests for each Participant}} * 100$$

The Percentage of Positive Drug and Alcohol Tests per Participant are then averaged across the cohort:

$$\begin{matrix}\text{Average \% Positive} \\ \text{Drug and Alcohol Tests}\end{matrix} = \frac{\text{Sum of Percent Positive Tests per Participant}}{\text{\# of Participants}}$$

INDICATOR B: Average Percentage of Days with a Positive Continuous Monitoring (CM) Alcohol Tests can be calculated in two steps. First, calculate the Percentage of Days with Positive Continuous Monitoring Alcohol Tests for each participant who had continuous monitoring:

$$\begin{matrix}\%\ of\ Days\ with\ Positive \\ CM\ Tests\ per\ Participant\end{matrix} = \frac{\#\ of\ Days\ with\ a\ Positive\ Test}{Total\ \#\ of\ Days\ on\ CM} * 100$$

Then, the Percentage of Days with Positive CM Alcohol Tests Per Participant are averaged across the members of the cohort who were on continuous monitoring:

$$\begin{matrix}Average\ \%\ Positive \\ CM\ Tests\end{matrix} = \frac{Sum\ of\ \%\ of\ Days\ with\ Positive\ CM\ Tests\ per\ Participant}{\#\ of\ Participants\ on\ CM}$$

INDICATOR C: The Average Period of Time from Last Positive Drug or Alcohol Test to Program Discharge can be calculated in two steps. First, determine the average length of time between last positive test and program discharge for each participant:

$$\begin{matrix}\#\ of\ Days\ between\ Last\ Positive \\ and\ Discharge\ per\ Participant\end{matrix} = Discharge\ Date - Date\ of\ Last\ Positive\ Test$$

Then, Period of Time from Last Positive Drug or Alcohol Test to Program Discharge can be averaged across the cohort:

$$\begin{matrix}Average\ of\ Days \\ Between\ Last \\ Positive\ and \\ Discharge\end{matrix} = \frac{Sum\ \#\ of\ Days\ Last\ Positive\ to\ Discharge\ per\ Participant}{\#\ of\ Participants}$$

2. In-Program Recidivism

Definition: The percentage of participants who have a criminal case filed for a new criminal offense with an offense date[1] occurring between admission and discharge. In addition to the total in-program recidivism rate, in-program recidivism should be reported by type of program discharge and by offense level and type.[2] Case filings for offenses that cannot result in incarceration, such as non-criminal traffic offenses, should be excluded from this measure.

Cohort:
- Annual Discharge

Data Required:
- Date of Program Admission
- Date of Program Discharge
- Type of Program Discharge
- Date of Offense
- Date of New Case Filing
- Level of Charge
- Type of Charge

Disaggregate reports on this measure by the following offense categories to optimize its utility to OWI courts:

- *OWI*
- *Criminal Traffic (not Including OWI; including IID violations and OAR)*
- *All Other*

Purpose: Treatment courts are expected to produce low rates of in-program recidivism among participants in comparison to other more traditional interventions such as probation or community-based treatment. The combination of judicial supervision, treatment, and incentives and sanctions that uniquely characterize treatment courts are expected to lower recidivism, a finding that is supported by research. This measure allows programs to examine recidivism in a particular year and explore changes over time which can illuminate effects of programmatic changes.

Sources: Heck, 2006
U.S. Government Accountability Office, 2005
Wisconsin Criminal Justice Coordinating Council, 2016

[1] If offense date is not available, please use arrest date. Always attempt to use the date which is closest in time to the offending behavior. Note that this measure requires tracking an offense that was committed during program participation to determine whether a charge was filed. If a charge was filed, tracking should commence with the date of the offense for which the charge was filed.

[2] See **Appendix A** for more details on the recommended offense classification scheme and its application to performance measures.

USER'S NOTE: In-Program Recidivism can be calculated with the following formula:

$$\textit{In-Program Recidivism} = \frac{\#\ of\ Participants\ with\ New\ Offense\ During\ Program\ Participation}{\#\ of\ Participants} * 100$$

In Wisconsin, Operating After Revocation (OAR), a traffic offense, is sometimes classified as a criminal offense and sometimes not. If the OAR is classified as criminal, it should be included in this measure. To put the percentages in the proper context, frequencies should also be reported.

This formula can be adjusted for type of discharge, time frame of post-program offense, and type of post-program offense.

Additional information about offense categories and levels can be found in **Appendix A**.

3. Post-Program Recidivism

Definition: The percentage of participants who commit an offense within three years from time of discharge from OWI court who are convicted of the offense, reported by type of discharge.[3] Post-program recidivism is defined as any new felony or misdemeanor offense resulting in a conviction for OWI court participants after discharge from the program for the following time frames:

- *0-6 months after program completion*
- *7-12 months after program completion*
- *13-24 months after program completion*
- *25-36 months after program completion*

Cohort:
- Annual Discharge

Data Required:
- Date of Program Discharge
- Type of Program Discharge
- Date of New Offense
- Level of New Offense
- Type of New Offense
- Date of New Conviction
- Level of New Conviction
- Type of New Conviction

Disaggregate reports on this measure by the following offense categories to optimize its utility to OWI courts:

- OWI
- Criminal Traffic (not including OWI; including IID violations and OAR)
- All Other

Post-program recidivism will be reported similarly to in-program recidivism, by type of discharge, category, and level of offense. To put the percentages in the proper context, frequencies should also be reported.

Purpose: Post-program recidivism is an important measure of effectiveness for OWI courts. By breaking recidivism down by length of time post program discharge until new offense resulting in a conviction, programs can track the overall effectiveness and the duration of the effect of program participation. Programs can examine the effects of programmatic changes when examining these measures in conjunction with calculations from previous years.

Sources: Heck, 2006
Wisconsin Criminal Justice Coordinating Council, 2016

[3] Note that this measure requires tracking an offense that was committed after program participation to determine whether it ultimately produced a conviction. If a conviction occurred, tracking should commence with the date of the offense that produced the conviction.

USER'S NOTE:

Post-Program Recidivism can be calculated with the following formula:

$$\textit{Post-Program Recidivism} = \frac{\#\ of\ Participants\ Convicted\ of New\ Offense\ After\ Discharge}{\#\ of\ Participants} * 100$$

In Wisconsin, Operating After Revocation (OAR), a traffic offense, is sometimes classified as a criminal offense and sometimes not. If the OAR is classified as criminal, it should be included in this measure. To put the percentages in the proper context, frequencies should also be reported.

This formula can be adjusted for type of discharge, time frame of post-program offense, and type of post-program offense.

Additional information about offense categories and levels can be found in Appendix A.

PROCESSING AND ADMISSION MEASURES[4]

4. Processing Time

Definition: The average processing time between important referral and admission events in number of days. The number of days between each event will be tracked for each participant and averaged.

The average processing time is measured between:

- *Arrest* and *Referral for Screening*
- *Referral* and *Eligibility Determination*
- *Eligibility Determination* and *Admission*
- *Admission* and *First Treatment*[5]

Cohort:

- Annual Admission

Data Required:

- Date of Arrest
- Date of Referral for Screening
- Date of Eligibility Determination
- Date of Program Admission
- Date of First Treatment Episode

Date of conviction is another important processing milestone for OWI courts that may occur at different points in the process. For example, waiting times for drug and alcohol test results may delay conviction, meaning that potential participants may be screened and determined eligible before they are convicted of the OWI offense. For this reason, even though conviction date is not included in the required data elements it may be beneficial for programs to track this date to assess the effect of time spent waiting on convictions on the average time between different milestones.

Although this measure divides the average processing time by sequential milestones, programs can combine the average time between multiple sequential milestones determine the average time between non-sequential milestones. For example, average time between *arrest* and *admission* can be determined by summing the average times for *arrest* and *referral for screening*, *referral* and *eligibility determination*, and *eligibility determination* and *admission*.

Purpose: Research indicates that effectiveness of treatment and long-term adjustment is linked to swiftness of entry to treatment. Programs with shorter processing times experience greater reductions in recidivism. Improved outcomes are achieved when the processing time between arrest and program admission is less than 50 days. This measure provides programs with insight into the efficiency of their referral and admission processes.

---

[4] The Processing and Admission Measures are based on admission cohorts. However, it may be beneficial in some instances to generate these measures based on discharge cohorts to assist with the interpretation of other performance measures that are based on discharge cohorts.

[5] First Treatment Episode refers to the first OWI court-initiated substance use disorder treatment episode.

Sources: Carey et al., 2012
Rempel et al., 2003

USER'S NOTE:

Processing Time can be calculated in two steps. First, the date of the initial event must be subtracted from the date of the subsequent event. This calculation can be applied to all four indicators of processing time. For example:

$$\begin{matrix} Processing\ Time\ Between \\ Arrest\ and\ Referral \end{matrix} = Date\ of\ Referral - Date\ of\ Arrest$$

This result must then be averaged across all participants, calculated with the following formula:

$$\begin{matrix} Average\ Processing\ Time \\ Between\ Arrest\ and\ Referral \end{matrix} = \frac{Total\ Processing\ Time\ for\ All\ Participants}{\#\ of\ Participants}$$

5. Screening and Assessment

A. Percentage of Individuals with Applicable OWI Offenses Screened

Cohort:
- Annual Screening

Data Required:
- Number of individuals charged with eligible OWI offenses
- Date of Initial Screening

Definition: The total number and percentage of potential participants (all individuals charged with the category of OWI offenses accepted by the program) who were screened for program eligibility.[6] In this context, screening refers to the initial screening that should occur before any more intensive screening based on risk and need or other clinical factors. This initial screening often addresses factors that rely upon information that is easier to obtain and less time- and effort-intensive than that obtained through clinical screeners. Examples of criteria to be considered in an initial screening include residence in the jurisdiction, exclusionary current charges or criminal history, outstanding warrants, and other legal eligibility criteria.

Purpose: An OWI court should serve the target population of OWI- involved individuals who are having the largest negative impact on the community and who present a clear threat to public safety. Once the target population is clearly defined based on eligibility criteria, such as the number of OWI offenses, the OWI court team can screen potential participants to determine basic eligibility based on those criteria. This indicator helps to assess if members of the target population are being identified and initially screened for program eligibility.

[6] This measure requires the recording of initial screening dates for everyone screened for the program, whether they were admitted or not. It also requires aggregate data about the number of people charged with applicable OWI offenses in the jurisdiction.

B. Percentage of Referred Individuals Admitted to the Program by Risk/Need Category

Definition: The percentage of referred and assessed individuals[7] who were admitted to the program, reported by OWI risk and need categories. This is calculated by totaling the number of admitted individuals in each category of risk and need and dividing this number by the total number of individuals in each category of risk and needs who were assessed for risk and need with a validated OWI risk assessment tool before program admission or non-admission.

Cohort:
- Annual Referral

Data Required:
- Date of Referral
- Date of Program Admission
- Risk and Need Assessment Results
- Date of Assessment

Purpose: This indicator tracks how many of those assessed who belong to the target risk/need population are ultimately admitted to the program. Conversely, it also allows programs to gauge how many in the assessed population are not admitted to the program by their risk/need designation. This information indicates whether the population admitted to the program is appropriate given its goals. For programs with separate risk/need tracks, this indicator in combination with **Indicator C** offers information on both program and track capacity needs.

Sources: Andrews and Bonta, 2010
Devine et al., n.d.
Loeffler and Wanamaker, n.d.
Marlowe, 2012

The tables on the following page display an example of how two different programs might report this data, both with frequencies and percentages.

[7] Some programs only complete full risk & needs assessment after program admission. However, for the purpose of this measure, “assessment” refers to the assessment completed before program admission that determines a potential participant’s risk and needs levels.

Program A

Need \ Risk	High	Medium	Low	
High	20 admitted 22 total assessed = **91% H/H** admitted	10 admitted 20 total assessed **= 50% M/H** admitted	5 admitted 30 total assessed **= 17% L/H** admitted	
Medium	8 admitted 10 total assessed **= 80% H/M** admitted	5 admitted 8 total assessed **=63% M/M** admitted	1 admitted 3 total assessed **= 33% L/M** admitted	
Low	1 admitted 2 total assessed **= 50% H/L** admitted	0 admitted 0 total assessed	0 admitted 0 total assessed	
	36% of assessed were high-risk 85% of high-risk were admitted	30% of assessed were medium-risk 54% of medium-risk admitted	35% of assessed were low-risk 18% of low-risk admitted	53% of total assessed individuals admitted

Program B (Serves high-risk/high-need individuals only)

Need \ Risk	High	Medium	Low	
High	23 admitted 23 total assessed = **100% H/H** admitted	0 admitted 18 total assessed **= 0% M/H** admitted	0 admitted 35 total assessed **= 0% L/H** admitted	
Medium	15 admitted 20 total assessed **= 75% H/M** admitted	0 admitted 8 total assessed **= 0% M/M** admitted	0 admitted 5 total assessed **= 0% L/M** admitted	
Low	0 admitted 0 total assessed	0 admitted 2 total assessed **= 0% M/L** admitted	0 admitted 0 total assessed	
	39% of assessed were high-risk 88% of high-risk admitted	25% of assessed were medium-risk 0% of medium-risk admitted	36% of assessed were low-risk 0% of low-risk admitted	40% of total assessed individuals admitted

C. Percentage of Participants by Risk/Need Category and Program Track

Definition: The percentage of participants who fall into different OWI risk and need categories using a validated OWI risk and need assessment tool, disaggregated by track for courts with separate risk/need tracks. This is calculated by totaling the number of program or program track participants in each category of risk and need and dividing this number by the total number of participants in the program for courts without separate tracks, and by the number of participants assigned to the track for courts with separate tracks.

Cohort:
- Annual Admission

Data Required:
- Risk and Need Assessment Results
- Track Assignment
- Date of Admission

Purpose: Research has shown that treatment courts that target high-risk, high-need participants have produced optimal outcomes in terms of cost savings and reduction in recidivism. Using validated tools to screen and assess participants is critical to target the right participants and to provide appropriate treatment to participants. This measure allows programs to examine the populations served and consider whether the appropriate participants are being targeted.

While treatment courts often focus on high-risk/high-need individuals, OWI courts may serve a greater variety of individuals. Research has shown that offering a continuum of care leads to significantly better outcomes. However, mixing participants with different risk levels in the same treatment and supervision groups not only leads to inefficiencies but can also produce worse outcomes for lower risk participants, including increased substance use and higher recidivism rates. Utilizing separate program tracks helps to ensure participants are receiving the tailored treatment and services appropriate to their risk and needs assessment. For programs that serve different participant subgroups, this performance measure helps to evaluate whether participants are assigned to appropriate program tracks and thus whether treatment and service dosage is aligned to participants' risk and needs.

Sources: Andrews and Bonta, 2010
Carey, 2019
Carey et al., 2012 and 2015
Carey and Davis, 2021
Lovins et al., 2007
Marlowe, 2009 and 2012

USER'S NOTE:

INDICATOR A: The Percentage of Individuals with Applicable OWI Offenses Screened can be calculated as follows:

$$\%\ of\ with\ Applicable\ OWI\ Offenses\ Screened = \frac{\#\ of\ Screened\ Individuals}{Total\ \#\ of\ Individuals\ with\ OWI\ Offenses} *100$$

INDICATOR B: The Percentage of Referred Individuals Admitted to the Program by Risk/Need Category is a two-part calculation. First, determine the total number of individuals referred for risk/need assessment who fell into each of the assessment categories over a 12-month period. For each individual in a category, determine whether they were admitted to the program. Then, use the following formula (illustrating an example for high risk/high need individuals):

$$\%\ of\ Referred\ HR/HN\ Individuals\ who\ were\ Admitted = \frac{\#\ of HR/HN\ Individuals\ who\ were\ Admitted}{Total\ \#\ of\ Individuals\ Assessed\ as\ HR/HN} *100$$

This formula can be adjusted for every category of risk and need.

INDICATOR C: The Percentage of Participants by Risk/Need Category and Program Track can be calculated using the following formula (illustrating an example for high risk/high need participants in Track A):

$$\%\ of\ HR/HN\ Participants\ in\ Track\ A = \frac{\#\ of HR/HN\ Participants\ in\ Track\ A}{Total\ \#\ of\ Participants\ in\ Track\ A} *100$$

This formula can be adjusted for every category of risk and need. For programs without tracks, this formula can be adjusted to capture the entire program population:

$$\%\ of\ Participants\ who\ are\ HR/HN = \frac{\#\ of\ Participants\ who\ are\ HR/HN}{Total\ \#\ of\ Participants} *100$$

6. Percentage of Participants who Obtain Peer Sober Support

Definition: The number and percentage of participants who obtain peer sober support, including certified peer support specialists.

Cohort:
- Annual Admission

Data Required:
- Date of Program Admission
- Date of First Contact with Peer Sober Support

Purpose: Peer sober support provides program participants with the lived experience of recovery, in addition to reinforcing the recovery skills taught in their mutual help organization (MHO) of choice. A peer sober support person and program participant have a shared experience which engenders a level of acceptance and understanding not present in other clinical or supervisory relationships. This mutually beneficial relationship elevates the confidence-level of a participant about their ability to achieve and maintain sobriety while it also assists their peer in maintaining their own sobriety. Studies have shown that above and beyond attendance and participation in an MHO (12-step style programs such as Narcotics Anonymous, Alcoholics Anonymous, Cocaine Anonymous, Crystal Meth Anonymous, etc.), obtaining peer sober support is associated with a higher overall likelihood of participant abstinence as well as a longer duration of participant abstinence.

Sources:
Kelly et al., 2016
Tonigan and Rice, 2010
Wendt et al., 2017
Witbrodt et al., 2012

USER'S NOTE:

Percentage of Participants who Obtain Peer Sober Support can be calculated as follows:

$$\textit{\% of Participants who Obtain Peer Sober Support} = \frac{\textit{Total \# of Participants with Peer Sober Support}}{\textit{Total \# of Program Participants}}$$

7. Discharge Type

Definition: The percentage of participants discharged from the program through *graduation*, *termination,* or *other means.*[8] Additionally, programs should calculate the percentage of participants that remain active at the time of reporting.

Indicators are the percentage of participants that fall into the following categories:

- *Graduation*
- *Termination*
- *Voluntary Withdrawal*
- *Administrative Discharge*[9]
- *Active*

Cohort:
- Annual Admission

Data Required:
- Date of Program Admission
- Date of Program Discharge
- Type of Program Discharge

Purpose: Program retention is one of the key predictors of positive post-treatment outcome. Retention is an accountability measure because the longer participants are engaged in the program and treatment, the better their outcomes after leaving the program. Research has indicated that those who graduate from OWI courts are significantly less likely to recidivate than those discharged by other means.

Sources: Harron and Kavanaugh, 2015
Warren and Elek, 2018

USER'S NOTE:

Discharge Type can be calculated by applying the following formula to each type of discharge. Graduation is the type of discharge used in this example.

$$\%\ Graduated = \frac{\#\ of\ Participants\ who\ were\ Discharged\ by\ Graduation}{\#\ of\ Participants} * 100$$

Programs should additionally track the types or reasons for discharge.

[8] The final numbers for discharge type will be reflected only when all members of the admission cohort have been discharged from the program, leaving 0% in the active category.
[9] The Administrative Discharge exit type comprises exits that are not graduations, terminations, or voluntary withdrawals. Some examples of this type are transfers due to a relocation outside the court's jurisdiction, or the death or serious illness of a participant.

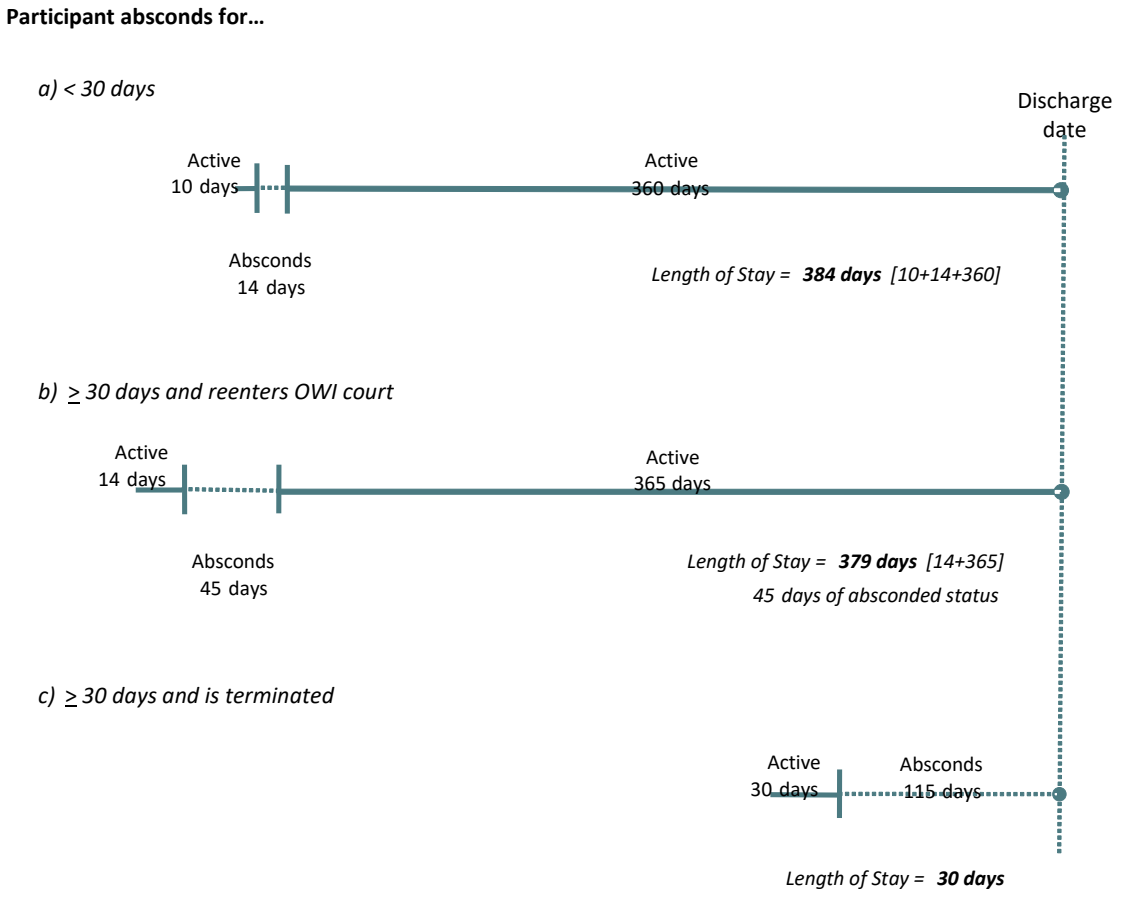
8. Average Length-of-Stay

Definition: The average length of time (days) participating in OWI court, measured from admission to discharge and reported by type of discharge (e.g., graduation, termination, or other). Ideally, this time interval will exclude any time that a participant was not an active participant because of bench warrants and non-OWI court related jail time. When a participant absconds (defined by the Wisconsin Department of Corrections as absent 30 or more days), the participant is considered to be in "inactive" status since they are not participating actively in OWI court. Ideally, the time in inactive status should be deducted from the participant's overall length of stay in the program.

Cohort:
- Annual Admission

Data Required:
- Date of Program Admission
- Date of Phase Change
- Type of Program Discharge
- Number of Days Inactive During Program

Figure 1: Calculating length of stay, examples



Purpose: Treatment court participants must stay in treatment long enough to realize an effect. Research indicates that three months of substance use treatment may be the minimal threshold for detecting dose-response effects, 6 to 12 months may be the threshold for clinically meaningful reductions in substance use, and 12 months of substance use treatment appears to be the "median point" on the dose-response curve: e.g., approximately 50 percent of clients who complete 12 months or more of substance use treatment remain abstinent for an additional year following completion of treatment. Longer retention not only indicates success in treatment but also predicts future success in the form of lower rates of post-treatment substance use and re-offending.

Sources: Cissner and Rempel, 2005
Marlowe et al., 2003

USER'S NOTE:

Length-of-Stay is a calculation of the number of days active in the program. It can be calculated using the following formula:

$$Length\text{-}of\text{-}Stay = [(Discharge\ Date - Admission\ Date) + 1] - \#\ of\ Days\ Inactive$$

The Average Length-of-Stay can be calculated by using the following formula:

$$Average\ Length\text{-}of\text{-}Stay = \frac{Sum\ of\ Length\ of\ Stay}{\#\ of\ Participants}$$

This calculation represents the Average Length-of-Stay for the entire cohort. It will be adjusted for participants who graduated and those who were terminated from the program.

9. Average Length-of-Stay per Phase

Cohort:
- Annual Discharge

Data Required:
- Date of Program Admission
- Date of Phase Change
- Type of Program Discharge

Definition: The average length of time in days a participant remains in each program phase, measured from phase start to phase end. The phase end date equals the day prior to the day of advancement to the next program phase, or the day of program discharge for the last phase. This indicator should be based on annual discharge cohorts and calculated by discharge type (graduation, termination, and other) and program phases, as each phase will have a different average length. As with length-of-stay in program, this time interval will ideally exclude any time that a participant was not an active participant because of bench warrants and non-OWI court related jail time. When a participant absconds (defined by the Wisconsin Department of Corrections as absent 30 or more days), *the participant is considered to be in "inactive" status since they are not participating actively in OWI court.*

Purpose: While there is often a minimum amount of required time in each phase, participants in many programs advance through phases by meeting expectations and specific requirements like a certain number of consecutive days of sobriety. The purpose of phase advancement is to progressively increase the expected standards for participant behavior and reduce the intensity of supervision and services as appropriate to the current needs of the participant. This measure serves as an indicator of how efficiently the program moves participants through phases and how quickly phase goals are met. This information also offers important context for interpreting variances in the overall length-of-program-stay measure. This measure will not apply to programs that do not use phases.

USER'S NOTE:

Average Length-of-Stay per Phase is a two-part calculation. The first part is the number of days within each program phase and can be calculated using the following formula:

$$\begin{matrix}\textit{Length-of-Phase-}\\ \textit{Stay (\# days)}\end{matrix} = \begin{matrix}(Date\ of\ Phase\ Advancement - Phase\ Start\ Date)\\ -\ \#\ of\ Days\ Inactive\end{matrix}$$

Or:

$$\begin{matrix}\textit{Length-of-Last-}\\ \textit{Phase-Stay (\# days)}\end{matrix} = \begin{matrix}[(Discharge\ Date - Phase\ Start\ Date) + 1]\\ -\ \#\ of\ Days\ Inactive\end{matrix}$$

The second part is calculated by using the following formula:

$$\begin{matrix}\textit{Average-Length-of-Stay}\\ \textit{per Phase (\# days)}\end{matrix} = \frac{Sum\ of\ Length\ of\ Stay}{\#\ of\ Participants}$$

10. Team Collaboration

Definition: The percentage of staffings that all required team members either attended or for which they provided relevant information despite not attending. For each meeting, track whether each required team member or agency:

1) Attended staffing
2) Did not attend staffing, but provided relevant information by other means
3) Did not attend staffing and did not provide relevant information by other means

Focus of Analysis:
- Quarterly Team Meetings

Data Required:
- Dates of Meetings
- Meeting Attendance
- If Information Provided

Summarize the data quarterly. This measure is not reported by discharge or admission cohort. This measure is program-specific, and results should not be generalized to other courts or conclusions about agencies.

Purpose: Collaboration is integral to the case management of an effective treatment court program. It is most effective when each agency and actor in the drug court is aware of the others' interactions with and viewpoints about the participants. Pertinent information gathered during assessment and monitoring must be provided to the entire team in time for the court's periodic review of each participant's progress. The accuracy and promptness of this information sharing are not only critical for developing a unified supervision and treatment plan and appropriate sanctions and incentives but also help to maintain quality assurance across program components. Additionally, timely information-sharing reduces undue burdens for program participants and team members alike and enhances the efficiency of the program. Preliminary studies have found that a high level of collaboration, which is enabled by information sharing, is a crucial factor in helping a program adhere to program standards and achieve successful outcomes.

This measure provides a gauge to the court of the level of collaboration across the entire program team and helps to identify gaps in information sharing. Tracking such gaps will allow the court to investigate reasons, such as a lack of resources, lack of commitment by individuals/agencies, structural barriers, and other obstacles to effective collaboration.

Sources:
Monchick, 2006
National Association of Drug Court Professionals, 2015
U.S. Department of Justice, 1997
van Wormer et. al, 2020

USER'S NOTE:

Track team member attendance and the provision of relevant information if a team member does not attend in person at each staffing. There are three possible options for each required team member at each meeting:

1) Attended staffing
2) Did not attend staffing, but provided relevant information by other means
3) Did not attend staffing and did not provide relevant information by other means

If any member of the team does not attend or provide relevant information by other means, that is considered a staffing with incomplete information.

Adjusting the timeframe as needed, summarize the number of meetings with incomplete information on a quarterly basis. Then calculate the percentage of staffings that information relevant for discussion was unavailable:

$$\textit{\% of Staffings with Incomplete Information} = \frac{\textit{Total \# of Staffings with Incomplete Information}}{\textit{Total \# of Staffings}} *100$$

If the court sees a high percentage of staffings with incomplete information, look into the data by team member to determine if there is a pattern in the cause of incomplete information at staffings.

$$\textit{\% of Staffings with Incomplete Information by Team Member} = \frac{\textit{Total \# of Staffings where Team Member did not Attend and did not Provide Information}}{\textit{Total \# of Staffings}} *100$$

11. Relapse Prevention Plan

A. Relapse Prevention Plan Development

Definition: The percentage of program participants who developed a relapse prevention plan at discharge. This plan may contain various, personalized elements, and depending on the OWI program, may require approval or may be developed with treatment provider assistance. For the purposes of this measure, the quality or state of completion of the plan is not tracked, simply whether a participant developed a plan.

Focus of Analysis:
- Annual Discharge

Data Required:
- Date of Program Discharge
- Information on Participant's Relapse Prevention Plan

Purpose: A robust relapse prevention plan is a critical component of OWI treatment programs and essential for sustaining successful outcomes when the participant reenters the community. Studies comparing recidivism and sobriety rates for program participants with and without aftercare suggest that participation in aftercare has a significant positive effect on abstinence levels and recidivism rates. Even without an official aftercare phase, relapse prevention plans can assist participants with planning and managing their own recovery, recognizing warning signs and implementing recovery activities, thus promoting accountability once a participant leaves court supervision. For this reason, many programs make the development of a relapse prevention plan a requirement for program graduation, and sometimes part of a comprehensive long-term sobriety, continuing care, or recovery management plan. Individualized plans include strategies to avoid alcohol and drug use, avoid relapse triggers, cope with stress and cravings, but may cover other areas of the life of a participant, including health, family, employment, no negative law-enforcement contact, compliance with probation requirements, housing stability, or schooling if not employed. Research suggests that the risk of relapse decreases if prevention plans are regularly updated.

B. Relapse Prevention Plan Compliance

Definition: The percentage of program participants who are in compliance with their relapse prevention plan at six months after graduation. Excluded from this measure are participants about whom the program does not have any knowledge after discharge, such as participants who are not on probation. In cooperation with probation services, program staff can identify those elements in a Relapse Prevention Plan that probation agents are able to track and provide information about.

Focus of Analysis:
- Annual Discharge

Data Required:
- Date of Program Discharge
- Information on Participant's Approved Aftercare/Long-term Sobriety Plan
- Information on Participant's Implementation of Aftercare/ Long-term Sobriety Plan

Purpose: While the development of a relapse prevention plan is often a requirement for participants, this indicator seeks to evaluate how well participants remain committed to and implement their plan. Evaluating the implementation of such plans for participants who developed one helps programs assess how well they prepare participants for graduation and how successful the plans are. In turn, successful plan implementation is an indicator of the program's effectiveness.

Sources:
Kedia, 2008
Little et al., 1990
Gorski et al., 1993

USER'S NOTE:

INDICATOR A: Relapse Prevention Plan Development is calculated based on the percentage of program participants who developed a relapse prevention plan at discharge using the following formula:

$$\%\ of\ Participants\ with\ a\ Relapse\ Prevention\ Plan = \frac{Total\ \#\ of\ Participants\ with\ a\ Relapse\ Prevention\ Plan}{\#\ of\ Participants} * 100$$

INDICATOR B: Compliance with Relapse Prevention Plan is measured via the percentage of program participants who are compliant with a relapse prevention plan based on identified trackable plan elements about which a probation agent can provide information. The average compliance can then be calculated in three steps.

First, for each identified element, apply a rating of “successful (2),” “moderately successful (1),” or “unsuccessful (0),” based on the participant’s compliance during the six-month period after graduation.

Second, if several elements are tracked, average a participant’s ratings across elements:

$$Average\ Compliance\ Rating\ by\ Participant = \frac{Sum\ of\ Rating\ Scores}{\#\ of\ Elements\ Rated} * 100$$

Finally, calculate the percentage of participants in compliance with their Relapse Prevention Plans using the following formula:

$$\%\ of\ Participants\ in\ Compliance\ with\ their\ Relapse\ Prevention\ Plan = \frac{\#\ of\ Participants\ with\ an\ Average\ Score\ of\ 1.5-2}{Total\ \#\ of\ Participants\ Rated} * 100$$

DOSAGE MEASURES

12. Incentives and Sanctions

Definition: This performance measure has three parts which can be defined as follows: 1) the average number of sanctions administered to participants, 2) the average number of incentives administered to participants, and 3) the ratio of average incentives to average sanctions.[10] *Each indicator should be calculated by discharge type (graduation, termination, and other).*

Cohort:
- Annual Discharge

Data Required:
- Date of Program Discharge
- Type of Program Discharge
- Date of Sanction
- Date of Incentive

Purpose: The use of sanctions and incentives is important to increasing effectiveness of treatment and reducing recidivism and cost. Using sanctions and incentives in combination improves outcomes over using either independently. While controlled scientific studies are lacking, there is some evidence indicating that incentives should be used more often than sanctions or that they should at least be used at the same frequency. This measure can be used to examine both the extent to which the program uses sanctions and incentives and the application of one relative to the other.

Sources:
Gendreau, 1996
Marlowe, 2012
Marlowe and Kirby, 1999
Wodahl et al., 2011

[10] The ratio is calculated after averaging the number of incentives and sanctions. For evaluation purposes, programs should additionally consider the distribution of incentives to sanctions at the individual level.

USER'S NOTE:

Average number of sanctions during program participation can be calculated using the following formula. The same formula can be used to calculate the average number of incentives during program participation.

$$\frac{Average\ \#}{of\ Sanctions} = \frac{Total\ \#\ of\ Sanctions\ Received\ by\ All\ Participants}{\#\ of\ Participants}$$

$$\frac{Average\ \#}{of\ Incentives} = \frac{Total\ \#\ of\ Incentives\ Received\ by\ All\ Participants}{\#\ of\ Participants}$$

To calculate the Ratio of Incentives to Sanctions, use the averages above in the formula below.

$$\frac{Average\ Ratio\ of}{Incentives\ to\ Sanctions} = \frac{Average\ \#\ of\ Incentives}{Average\ \#\ of\ Sanctions}$$

13. Attendance at Scheduled Treatment Services

Definition: The average number of units[11] of treatment attended by participants, by treatment type, and type of discharge (graduation, termination, or other). The units of treatment services measure examines OWI court activities that address the criminogenic needs of participants.

Types of treatment services include:

- *Outpatient Substance Use Disorder Treatment*
- *Outpatient Mental Health Treatment*
- *Cognitive-Behavioral Treatment*
- *Residential (Inpatient) Treatment (Substance Use Disorder and Mental Health)*
- *Ancillary services*[12]

Cohort:
- Annual Discharge

Data Required:
- Date of Program Admission
- Date of Treatment Service
- Treatment Service Attendance
- Type of Treatment Service
- Date of Ancillary Service
- Type of Ancillary Service
- Date of Program Discharge
- Type of Program Discharge

Treatment service units should be based on actual attendance, not just referrals to service.[13] Each session of outpatient service is considered a unit of service. For inpatient treatment, each day should be considered a unit of service.

[11] Use hours of service if available, otherwise use sessions. Sessions can be converted to hours based on the average amount of time for a typical session of whatever service is being provided.
[12] Ancillary services address "criminogenic needs" (Andrews and Bonta, 2010) of OWI treatment court participants, other than substance abuse and mental health which are listed separately, given their significance for OWI court populations.
[13] OWI court participants may be in treatment at the time of arrest or program admission. If the court counts that pre-admission treatment toward the participant's dosage, it should also be included in this measure.

At the conclusion of the reporting period, the total number of units of service received by each participant who was discharged during that period will be averaged by category as follows:

Ancillary Service	Unit of Count
Outpatient Mental Health Treatment	Sessions/Hours
Outpatient Substance Use Treatment	Sessions/Hours
Cognitive-Behavioral Treatment[14]	Sessions/Hours
Residential Mental Health Treatment	Days
Residential Substance Use Treatment	Days

Ancillary Service	Unit of Count
Medical/dental services	Appointment
Life Skills Class	Session
Parenting Class	Session
Community Support Groups (e.g., AA/NA/12 step)	Meeting

Purpose: Treatment services must be delivered in sufficient dosage to OWI court participants to be effective. Research shows, for instance, that 200 hours of group treatment for high-risk, high-need participants increases treatment effectiveness and reduces recidivism. Examining the totals by discharge type allows the court to explore differences between those who complete the program and those who do not complete the program, which controls for some differences in length of stay between the groups. In addition to being helpful in determining dosage as a performance measure, tracking units of service is critical because it allows researchers to determine which services affect clients in a positive way; helps programs to identify service gaps; and serves as a means to conduct cost-benefit analysis in the future.

Sources: Center for Substance Abuse Treatment, 2005
Heck, 2006
Sperber et al., 2013

[14] Cognitive-behavioral treatment may address mental health or substance use. However, for the purposes of this measure, cognitive-behavioral treatment is distinguished from other forms of substance use and mental health treatment and should be recorded in its own category.

USER'S NOTE:

Attendance at Scheduled Treatment Services is calculated by averaging the number of treatment units attended by the number of participants receiving that type of treatment.

Examples:

Units of outpatient services can be calculated for Outpatient Mental Health and Substance Abuse treatment using the following formula:

$$\begin{matrix}Average\ \#\ of \\ Treatment\ Sessions\end{matrix} = \frac{Total\ \#\ of\ Sessions\ Attended\ by\ Participants}{\#\ of\ Participants\ Receiving\ that\ Type\ of\ Treatment}$$

Units of residential services can be calculated for residential treatment using the following formula.

$$\begin{matrix}Average\ \#\ of\ Days \\ in\ Residential\ Treatment\end{matrix} = \frac{Sum\ of\ \#\ of\ Days\ for\ all\ Participants}{\#\ of\ Participants\ Receiving\ Residential\ Treatment}$$

Outpatient substance abuse treatment and outpatient mental health treatment are additionally disaggregated by risk level.

14. Frequency of Status Hearings

Definition: The average number of status hearings attended by participant per month during each phase (or quarter if the program does not use phase) of program participation, by type of discharge.

Cohort:
- Annual Discharge

Data Required:
- Date of Program Admission
- Date of Status Hearing
- Date of Program Discharge
- Type of Program Discharge
- Date of Phase Change

Purpose: Research indicates that programs which have status hearings at least two times per month during the first phase or quarter of participation have greater reductions in recidivism. This measure allows programs to monitor the monthly frequency of status hearings during program participation by phase or quarter.

Sources: Carey et al., 2012

USER'S NOTE:

Frequency of Status Hearings is calculated for each participant. The following formulas can be used to calculate the average frequency of status hearings for the entire discharge cohort and can be adjusted to calculate the Frequency of Status Hearings in the program.

First, calculate the number of status hearings per month per participant:

$$\frac{\#\ of\ Status\ Hearings}{per\ Month\ per\ Participant} = \frac{Total\ \#\ of\ Status\ Hearings\ Attended\ by\ Participant}{\#\ of\ Months\ in\ Program}$$

Then, average the number of status hearings per month per participant over the discharge cohort:

$$\frac{\#\ of\ Status\ Hearings}{per\ Month} = \frac{Sum\ of\ \#\ of\ Status\ Hearings\ per\ Month\ per\ Participant}{\#\ of\ Participants}$$

These calculations can be adjusted for each phase or quarter of participation.

15. Frequency of Supervision Contacts

Definition: The average number of face-to-face supervision contacts per month, by type (e.g., home, or office), per participant. As virtual options become more commonplace, courts should be mindful of what counts as face-to-face contact and be sure to include all those types in this measure. For example, supervision meetings on Zoom may count as face-to-face contacts. Only contacts for supervision purposes should be included in this measure. These indicators should be disaggregated by the participant's phase or quarter in the program to account for variation in supervision throughout participation in the program.

Cohort:
- Annual Discharge

Data Required:
- Date of Program Admission
- Date of Supervision Contact
- Type of Supervision Contact
- Type of Program Discharge
- Date of Phase Change

Purpose: Supervision is an important design feature of OWI court. The intention of supervision is to ensure public safety and hold participants accountable to the program requirements. Research indicates that supervision should be based upon risk and need assessments to better target participants' criminogenic needs. This is a measure of the level of supervision provided to participants.

Sources: Bonta et al., 2008

USER'S NOTE:

Supervision contacts can be made by any team member responsible for supervising compliance with the program (e.g., probation officer, case manager).

Frequency of Supervision Contacts is calculated for each participant. The following steps should be used to calculate the average frequency of supervision contacts for the entire discharge cohort and can be adjusted to calculate the Frequency of Supervision Contacts in each phase or quarter.

First, calculate the number of supervision contacts per month per participant:

$$\frac{\#\ of\ Supervision\ Contacts}{per\ Month\ per\ Participant} = \frac{Total\ \#\ of\ Contacts\ made\ by\ Participant}{\#\ of\ Months\ in\ Program}$$

Then average the number of supervision contacts per month per participant over the discharge cohort:

$$\frac{\#\ of\ Supervision\ Contacts}{per\ Month} = \frac{Sum\ of\ \#\ of\ Contacts\ per\ Month\ per\ Participant}{\#\ of\ Participants}$$

16. Frequency of Drug and Alcohol Tests

Definition: The frequency of drug and alcohol tests is measured as the average number of attended drug and the average number of attended alcohol tests conducted weekly.[15] This measure will be reported out by type of test (i.e., drug tests, alcohol test). This performance measure should be calculated based upon participant's phase or quarter in program.

Cohort:
- Annual Discharge

Data Required:
- Date of Drug Test
- Date of Alcohol Test
- Date of Program Admission
- Date of Program Discharge
- Date of Phase Change

Purpose: Drug and alcohol testing is a critical element of OWI court. An important consideration for OWI court participants is that alcohol use is more difficult to detect than other substances a treatment court often tests. Testing of OWI court participants should therefore take place more frequently and randomly than participants in other treatment court types.

Sources: Carey et al., 2012
Devine et al., n.d.

USER'S NOTE:

Frequency of Drug Testing can be calculated by utilizing the following formulas.

$$\begin{matrix}\text{Frequency of Drug} \\ \text{Tests per Participant}\end{matrix} = \frac{\text{\# Drug Tests for each Participant}}{\text{\# of Weeks in Program}}$$

Average Frequency of Drug Tests per Participant across the discharge cohort.

$$\begin{matrix}\text{Average Frequency} \\ \text{of Drug Tests}\end{matrix} = \frac{\text{Sum of Frequency of Drug Tests per Participant}}{\text{\# of Participants}}$$

These calculations can be adjusted for each phase or quarter of participation. This can also be reported out for the frequency of alcohol testing.

[15] A participant's attendance at testing is the key factor in determining if a test counts toward this measure. If the participant attends the test, but does not produce a specimen, that still counts as a conducted test.

17. Frequency of Contact with Peer Sober Support

Definition: The average number of contacts by participant with peer sober support, per month during each phase or quarter of the program, by type of discharge.

Cohort:
- Annual Discharge

Data Required:
- Date of Program Admission
- Date of Program Discharge
- Type of Program Discharge
- Date Contact with Peer Sober Support
- Type of Contact with Peer Sober Support
- Date of Phase Change

Purpose: Peer sober support's primary role is to assist a program participant obtain and maintain their sobriety. It is important to clarify that peer sober support does not provide professional counseling or clinical rehabilitation services but can connect the program participant with such resources. Although the support-participant relationship is seen as a critical component of most sobriety programs, these relationships are usually formed informally and organically. Most sobriety programs encourage participants to obtain only one peer sober support person, so that they can develop a meaningful and impactful relationship, but participants may alter this if they feel they are not progressing in the program. Peer sober support can assist a participant by providing support and mentorship, introducing the participant to other program members, and providing a real-world example of successful sober living. Research supports that those with substance use disorders who have a peer sober support have higher rates of abstinence and remission. OWI court team members can also reach out to community partners such as recovery groups to connect participants with peer sober support.

Sources:
Kelly et al., 2016
Tonigan and Rice, 2010
Wendt et al., 2017
Witbrodt et al., 2012

USER'S NOTE:

The Frequency of Contact with Peer Sober Support is calculated for each program participant. The following steps should be used to calculate the average frequency of peer sober support contacts for the entire discharge cohort and can be adjusted to calculate frequency of peer sober support contacts during the program:

$$\frac{\#\ of\ Peer\ Support\ Contacts}{per\ Month\ per\ Participant} = \frac{Total\ \#\ of\ Contacts}{\#\ of\ Months\ in\ Program}$$

Then, average the number of peer support contacts per month per participant over the discharge cohort:

$$\frac{\#\ of\ Peer\ Support}{Contacts\ per\ Month} = \frac{Sum\ of\ \#\ of\ Contacts\ per\ Month\ per\ Participant}{\#\ of\ Participants}$$

These calculations can be adjusted for each phase or quarter of participation. This can also be reported out for the frequency of alcohol testing.

PROCEDURAL FAIRNESS MEASURES

18. Perceived Procedural Fairness

Definition: Procedural fairness refers to the participant's perception of decision-making during program participation. There are five indicators that examine perceptions of the judge, treatment, case manager, probation, and the court, generally. The measure is the composite score for all items within each domain (judge, treatment, case manager, probation, and court) based upon survey responses of active program participants. Scores are calculated for all active participants by phase at a consistent point in time during the year, on an annual basis.

Cohort:
- Active Participants

Data Required:
- Participant's Phase
- Survey Question Scores

Purpose: Procedural fairness has been broadly linked with legal compliance, willingness to accept unfavorable decisions, and legitimacy. The measurement of procedural fairness includes a survey of participants regarding their perceptions of the OWI court judge, probation officer, case manager, treatment staff, and overall court.[16] Participants are administered a survey of Likert scale questions one time per year (survey can be administered for a period of two to three weeks during court appearances or probation officer contacts to get maximum participation). The questions included on this survey focus on participants' perceptions of the opportunity to be heard, fairness of treatment, respect, and neutrality of decisions. The results reflect the typical participant's perception of how fairly program staff treated them during program participation.

It is extremely important that the survey be administered and results compiled in such a way that survey responses are not able to be connected to specific participants. This is to ensure that participants will respond honestly and that their responses will not be used against them by program staff. Participants will need to be reassured on this issue. To this end it is also important that the demographic information supplied by participants taking the survey not be used by staff to identify individual participants.

Sources: Ostrom and Hanson, 2010
Rottman, 2007
Tyler, 2006, 2003

[16] Additional categories of drug court team members may be added or modified to ensure various court configurations are covered by the instrument.

USER'S NOTE:

Participants are asked to answer six (6) general questions each about the judge, case manager, probation, treatment staff, and the court. The performance measure is the average score in each domain. This can be calculated as follows for each domain:

$$\begin{matrix} Participant's\ Perception \\ of\ Judge \end{matrix} = \begin{matrix} Score\ for\ Question\ 1 + Score\ for\ Question\ 2 \ldots \\ + Score\ for\ Question\ 6 \end{matrix}$$

$$\begin{matrix} Average\ Perception \\ of\ Judge \end{matrix} = \frac{Sum\ of\ Participants'\ Perceptions\ of\ Judge}{Total\ \#\ of\ Participants\ Completing\ the\ Survey}$$

This calculation can also be used to examine differences by phase in program.

For more detailed instructions about how to implement and score the survey please see **Appendix B**.

19. Access and Fairness

Definition: This measure tracks a referral cohort as it progresses through OWI court. At each of three processing points, the percentage of each demographic group of interest in the referral cohort is examined to identify changes in its composition, as members drop out or change status from previous processing steps.

Cohort:
- Annual Referral Cohort

Data Required:
- Race, ethnicity, gender, and age of referral(s)
- Date of referral
- Referral Source
- Date of Admission or reason referral was not admitted
- Date of Discharge
- Type of Discharge

- **Referral:** Referrals are disaggregated by race, ethnicity, gender, and age, and percentages are compared to similar percentages of *OWI court eligible arrests*, if available. If not, compare referrals to the percentages of all arrests in the jurisdiction.
- **Admission:** For the demographic characteristic of interest (e.g., race): The number of referral cohort members of each race who are admitted is divided by the total number of referrals of each race. This percentage can be interpreted as the probability that a referral of each race will be admitted. This probability can be compared to other races to determine whether the admission rates are comparable.
- **Discharge:** For the demographic characteristic of interest (e.g., gender): The number of referral cohort members admitted who are male who *Successfully Complete* is divided by the total number of referral cohort members admitted. This probability is compared to the percentage of female admissions to determine the extent of attrition from admission to discharge. These probabilities should be compared to determine if attrition rates are comparable between the groups being compared.

Purpose: Establishing and maintaining equitable access to justice for all court users is a fundamental responsibility of courts. This Access and Fairness measure provides treatment courts with a way to assess for inequities among demographic groups at the key decision points of referral, admission, and discharge.

Sources: National Association of Drug Court Professionals, 2015

USER'S NOTE:

Access and Fairness is measured based on the percentages of different demographic groups of interest in each cohort (race, ethnicity, gender, and age) as compared to percentages of other demographic groups.

Example:

The following is an illustrative calculation for African American referrals:

$$\textit{\% of African Americans in Referral Cohort} = \frac{\textit{Total \# of African Americans in Referral Cohort}}{\textit{Total \# of Referrals in Cohort}}$$

$$\textit{\% of African Americans in Referral Cohort Admitted} = \frac{\textit{Total \# of African Americans in Referral Cohort Admitted}}{\textit{Total \# of African Americans in Referral Cohort}}$$

$$\textit{\% of African American Admissions Successfully Completing} = \frac{\textit{Total \# of African Americans who Successfully Complete}}{\textit{Total \# of African Americans in Referral Cohort Admitted}}$$

SOCIAL FUNCTIONING MEASURES

20. Employment Stability

Definition: The percentage of participants with court approved full-time or part-time employment at program entrance and program discharge, by discharge type. Those who are full-time students, retirees, unemployed due to a disability, or are stay-at-home parents are excluded from the calculation of this performance measure.

Cohort:
- Annual Discharge

Data Required:
- Date of Program Discharge
- Employment Status at Program Admission
- Employment Status at Program Discharge

Purpose: Stable employment reduces rates of relapse in substance use and recidivism. Participants who are employed are engaging in pro-social activities and have a higher income, which makes them less likely to engage in substance use and criminal behavior. This performance measure allows programs to examine the stability in employment that program participants have achieved at program discharge. The measure can also assist programs in identifying participants' need for assistance in obtaining employment (e.g., resume writing and identifying possible employers).

Sources: Carey et al., 2012
McLellan et al., 1994
Peters et al., 1999

USER'S NOTE:

The percentage of participants with stable or improved employment status, by type of discharge. Employment stability is defined as a zero net change or a positive difference between a participant's employment status at the time of admission to their status at the time of discharge, by change in the following categories:

- *Unemployed* to *Part-time*
- *Unemployed* to *Full-time*
- *Unemployed* to *Seasonal*
- *Part-time* to *Full-time*

This measure accounts only for zero net change or positive change in employment status from admission to discharge. It does not capture the change in participants' employment if they are admitted to the program employed and lose employment during participation or instability in employment during program participation.

$$\textit{Employment Stability} = \frac{\textit{Total \# of Participants with no change or an improvement in employment}}{\textit{Total \# of Participants Expected to be Employed}}$$

21. Transportation Stability

A. Driver's License Eligibility

Definition: The number and percentage of participants who are eligible to obtain a driver's license or occupational license by program discharge type.

Cohort:
- Annual Discharge

Data Required:
- Date of Program Discharge
- Type of Program Discharge
- Driver's License Eligibility

B. Driver's License Status

Definition: The number and percentage of eligible program participants without a license at program entry, who obtain a driver's or occupational license, by program discharge type. This measure excludes those who are not statutorily eligible to obtain either a driver's license or occupational license.

Cohort:
- Annual Discharge

Data Required:
- Date of Program Admission
- Date of Program Discharge
- Type of Program Discharge
- License Eligibility
- License Status at Admission
- License Status at Discharge
- Reason for Failure to Obtain License

C. Transportation Plan

Definition: Percentage of participants, who are not eligible to obtain a driver's license, who have completed an alternative transportation plan at program discharge, by discharge type.

Cohort:
- Annual Discharge

Data Required:
- Date of Program Discharge
- Type of Program Discharge
- Driver's License Eligibility
- Date of Transportation Plan

Purpose: Almost all participants in OWI court will face some form of transportation problem, usually due to the suspension or revocation of their driver's license. According to *The Ten Guiding Principles of DWI Courts* the court should encourage the participant to solve their own transportation problems without breaking the law (i.e., driving on a suspended license).

Obtaining a driver's license is important to maintaining employment or enrollment in school and involvement in other social and familial activities. A unique feature of OWI court is the fact that almost all participants will have their license suspended or revoked at some point either before or during the OWI court program.

Sources: Block, 2016
Pickle and Wanamaker, n.d

USER'S NOTE:

INDICATOR A: Identify Driver's License Eligibility by calculating the percentage of program participants who are eligible to obtain their driver's or occupational license.

$$\%\ of\ Participants\ Eligible\ to\ Obtain\ a\ Driver's\ License = \frac{\#\ of\ Eligible\ Participants}{Total\ \#\ of\ Participants}$$

INDICATOR B: Identify Driver's License Status by calculating the percentage of participants who have obtained their driver's or occupational license at program discharge. *Note: Include only those program participants who are **eligible** to obtain their license and did not have a license at program entry*:

$$\%\ of\ Participants\ who\ Obtained\ a\ License = \frac{\#\ of\ Participants\ who\ Obtained\ License}{\#\ of\ Participants\ Eligible\ for\ License}$$

INDICATOR C: Identify Transportation Plan by calculating the percentage of program participants who complete a Transportation Plan. *Note: Include only those program participants who are **ineligible** to obtain their driver's license*:

$$\%\ of\ Ineligible\ Participants\ with\ a\ Transportation\ Plan = \frac{\#\ of\ Ineligible\ Participants\ with\ Plan}{Total\ \#\ of\ Ineligible\ Participants}$$

REFERENCES

Andrews, Don A., and James Bonta. *The Psychology of Criminal Conduct*, 5th ed., LexisNexis Group, 2010.

Block, Alan. "Survey of DWI Courts (Report No. DOT HS 812 283)". *National Highway Traffic Safety* Administration, June 2016, www.nhtsa.gov/staticfiles/nti/pdf/812283-Survey-of-DWI-Courts.pdf. Accessed 13 Sept. 2022.

Bonta, James, et al. "Exploring the Black Box of Supervision." *Journal of Offender Rehabilitation*, vol. 47, no. 3, *Taylor and Francis Online*, 2008, pp. 248-270. https://doi.org/10.1080/10509670802134085. Accessed 13 Sept. 2022.

Carey, Shannon M. *How to Implement a Multi-Track Model In Your DWI Court.* NPC Research, September 2019, www.ndci.org/wp-content/uploads/2021/05/How-To-Manual_Multi-Track-DWI-Court-Final.pdf. Accessed 13 Sept. 2022.

Carey, Shannon, and Peggy Davis. *Implementing Multiple Tracks in Your Treatment Court Program: Introduction and Selecting and Using Risk Tools (Presentation)*. 2021, www.supremecourt.ohio.gov/sites/specDockets/EducationSeries/2021/September/092221.pdf. Accessed 13 Sept. 2022.

Carey, Shannon M., et al. "Using Behavioral Triage in Court-Supervised Treatment of DUI Offenders". *Alcoholism Treatment Quarterly*, vol. 33, no. 1, *Taylor and Francis Online*, 2015, pp. 44–63, https://doi.org/10.1080/ 07347324.2015.982455. Accessed 13 Sept. 2022.

Carey, Shannon M., et al. "What Works? The Ten Key Components of Drug Court: Research-Based Best Practices." *Drug Court Review* vol. 8, no. 1, 2012, pp. 6–42, ndcrc.org/dcr_best-practices-1_what_works_the_ten_key_ components_of_drug_court.pdf. Accessed 13 Sept. 2022.

Center for Substance Abuse Treatment. "Substance Abuse Treatment for Adults in the Criminal Justice System (HHS Publication No. (SMA) 13-4056)". *Treatment Improvement Protocol (TIP) Series 44*. Substance Abuse and Mental Health Services Administration, 2005, store.samhsa.gov/sites/default/files/d7/priv/sma13-4056.pdf. Accessed 13 Sept. 2022.

Cheesman, Fred L., et al. *Virginia Adult Drug Treatment Courts: Cost Benefit Analysis*. National Center for State Courts, October 2012. www.vacourts.gov/courtadmin/aoc/djs/

programs/sds/programs/dtc/resources/virginiadtccostbenefit.pdf. Accessed 13 Sept. 2022.

Cheesman, Fred L., et al. *Wisconsin Statewide Drug and Hybrid Court Performance Measures*, 2016, www.wicourts.gov/courts/programs/problemsolving/docs/hybridcourtperfmeasures.pdf. Accessed 13 Sept. 2022.

Cissner, Amanda B., and Michael Rempel. *The State of Drug Court Research: Moving Beyond 'Do They Work?'* Center for Court Innovation, 2005, www.courtinnovation.org/publications/state-drug-court-research-moving-beyond-do-they-work. Accessed 13 Sept. 2022.

Devine, Mike, et al. "Guiding Principle #2: Perform a Clinical Assessment." *The Ten Guiding Principles of DWI Courts*, National Center for DWI Courts, pp. 7-10, www.dwicourts.org/wp-content/uploads/Guiding_ Principles_of_DWI_Court_0.pdf. Accessed 13 Sept. 2022.

Gendreau, Paul. "The Principles of Effective Intervention with Offenders." *Choosing Correctional Options that Work,* edited by Alan T. Harland, Sage, 1996, pp. 117-130.

Gorski, Terence. T., et al. *Relapse prevention and the substance-abusing criminal offender.* US Department of Health and Human Services. Rockville, MD, 1993.

Harron, Ashley and J. Michael Kavanaugh. *The Bottom Line*. National Center for DWI Courts, January 2015, www.dwicourts.org/wp-content/uploads/2018/12/The-Bottom-Line.pdf. Accessed 13 Sept. 2022.

Hatry, Harry P. *Transforming Performance Measurement for the 21st Century.* The Urban Institute, July 2014, www.urban.org/sites/default/files/publication/22826/413197-transforming-performance-measurement-for-the-21st-century.pdf. Accessed 13 Sept. 2022.

Heck, Cary. *Local Drug Court Research: Navigating Performance Measures and Process Evaluations.* U.S. Department of Justice, Bureau of Justice Assistance, June 2006, bja.ojp.gov/sites/g/files/xyckuh186/files/Publications/Local_Drug_Court_Research.pdf. Accessed 13 Sept. 2022.

Kedia, Satish. *Treatment Effectiveness for DUI Offenders in Tennessee (2006-2007)*. Institute for Substance Abuse Treatment Evaluation, the University of Memphis, 2008, www.researchgate.net/profile/Satish-Kedia/publication/272743471_Treatment_Effectiveness_for_DUI_Offenders_in_Tennessee_2006-2007/links/ 54ecbac30cf28f3e6534a80c/Treatment-Effectiveness-for-DUI-Offenders-in-Tennessee-2006-2007.pdf. Accessed 13 Sept. 2022.

Kelly, John F. and William L. White, editors. *Addiction Recovery Management.* Springer, 2011.

Kelly, John F., et al. "The Sponsor Alliance Inventory: Assessing the therapeutic bond between 12-step attendees and their sponsors." *Alcohol and Alcoholism*, vol. 51, no. 1, Oxford Academic, 2016, pp. 32-39, https://doi.org/10.1093/alcalc/agv071. Accessed 13 Sept. 2022.

Little, Gregory L., et al. "Treating drunk drivers with Moral Recognition Therapy: a two-year recidivism study." *Psychological Reports*, vol. 66, no. 3, Sage Journals, 1990, pp. 1379-1387, https://doi.org/10.2466/pr0.1990.66. 3c.1379. Accessed 13 Sept. 2022.

Loeffler, Mike, and James Wanamaker. "Guiding Principle #1: Determine the Population." *The Ten Guiding Principles of DWI Courts*, National Center for DWI Courts, pp. 3-6, www.dwicourts.org/wp-content/uploads/Guiding_Principles_of_DWI_Court_0.pdf. Accessed 13 Sept. 2022.

Lovins, Lori Brusman, et al. (2007). "Application of the risk principle to female offenders." *Journal of Contemporary Criminal Justice*, vol. 23, no. 4, Sage Journals, 2007, pp. 383-398, https://doi.org/10.1177/1043986207309437. Accessed 13 Sept. 2022.

Marlowe, Douglas B. "Alternative tracks in adult drug courts: Matching Your Program to the Needs of Your Clients." *Drug Court Practitioner Fact Sheet*, vol. 7, no. 2, National Drug Court Institute, 2012, www.ndci.org/wp-content/uploads/2018/09/AlternativeTracksIn AdultDrugCourts.pdf. Accessed 13 Sept. 2022.

---. *Drug Court Practitioner Fact Sheet: Behavior Modification 101 for Drug Courts: Making the Most of Incentives and Sanctions.* National Association of Drug Court Professionals, 2012, www.ndci.org/wp-content/uploads/BehaviorModification101forDrugCourts.pdf. Accessed 13 Sept. 2022.

---. *Drug Court Practitioner Fact Sheet: Targeting the Right Particiapnts for Adult Drug Courts.* National Association of Drug Court Professionals, September 2012, www.ndci.org/wp-content/uploads/BehaviorModification101forDrugCourts.pdf. Accessed 13 Sept. 2022.

---. "Evidence-Based Sentencing for Drug Offenders: An analysis of Prognostic Risks and Criminogenic Needs." *Chapman Journal of Criminal Justice,* vol. 1, no. 1, Chapman University, School of Law, 2009, pp. 167-201, www.nmlegis.gov/handouts/ *CJRS%20073014%20Item%201%20Risk_Needs%20--%20Chapman% 202009.pdf. Accessed 13 Sept. 2022.*

Marlowe, Douglas B., and Kimberly C. Kirby. "Effective Use of Sanctions in Drug Courts: Lessons from Behavioral Research." *National Drug Court Institute Review,* Vol. 2, no. 1,

1999, pp. 1-31, www.researchgate.net/profile/Kimberly_Kirby/publication/256082431_Effective_use_of_sanctions_in_drug_courts/links/00b7d5217dd7ea756b000000/Effective-use-of-sanctions-in-drug-courts. Accessed 13 Sept. 2022.

Marlowe, Douglas B., et al. "A Sober Assessment of Drug Courts." *Federal Sentencing Reporter,* vol. 16, no. 1, *Elsevier*, 2003, pp. 153-160, papers.ssrn.com/sol3/Delivery.cfm/SSRN_ID3593436_code4020810.pdf?abstractid=3593436&mirid=1. Accessed 13 Sept. 2022.

McLellan, A. Thomas, et al. "Similarity of Outcome Predictors Across Opiate, Cocaine, and Alcohol Treatments: Role of Treatment Services." *Journal of Consulting and Clinical Psychology*, vol. 62, no. 6, 1994, pp. 1141-1158.

Monchick, Randy, et al. *Drug court case management: Role, function, and utility*, vol. 7, National Drug Court Institute, 2006, bja.ojp.gov/sites/g/files/xyckuh186/files/Publications/Drug_Court_Case_Management.pdf. Accessed 13 September 2022.

National Association of Drug Court Professionals. *Adult drug court best practice standards: Volume II*, National Association of Drug Court Professionals, 2015, www.nadcp.org/wp-content/uploads/2018/12/Adult-Drug-Court-Best-Practice-Standards-Volume-2-Text-Revision-December-2018-1.pdf. Accessed 12 Sept. 2022.

National Association of Drug Court Professionals. *Adult drug court best practice standards: Volume I*, National Association of Drug Court Professionals, 2013, www.nadcp.org/wp-content/uploads/2018/12/Adult-Drug-Court-Best-Practice-Standards-Volume-I-Text-Revision-December-2018.pdf. Accessed 12 Sept. 2022.

Ostrom, Brian, and Roger Hanson. *Achieving High Performance: A Framework for Courts* in *High Performance Framework.* National Center for State Courts, April 2010, cdm16501.contentdm.oclc.org/digital/api/collection/ctadmin/id/1874/download. Accessed 13 Sept. 2022.

Peters, Roger H., Amie L. Haas, and Mary R. Murrin. "Predictors of Retention and Arrest in Drug Courts." *National Drug Court Institute Review*, vol. 2, no. 1, 1999, pp. 33-60.

Pickle, Mark, and James Wanamaker. “Guiding Principle #8: Address Transportation Issues.” *The Ten Guiding Principles of DWI Courts*, National Center for DWI Courts, pp. 34-36, www.dwicourts.org/wp-content/uploads/Guiding_ Principles_of_DWI_Court_0.pdf. Accessed 13 Sept. 2022.

Poister, Theodore. *Measuring Performance in Public and Nonprofit Organizations.* Jossey-Bass, 2003.

Rempel, Michael, et al. *The New York State Adult Drug Court Evaluation: Policies, Participants, and Impacts.* Center for Court Innovation, October 2003, www.courtinnovation.org/sites/ default/files/drug_court_eval.pdf. Accessed 13 Sept. 2022.

Rottman, David B. "Adhere to Procedural Fairness in the Justice System." *Criminology and Public Policy,* vol. 6, no. 4, 2007, pp. 835-842, https://doi.org/10.1111/j.1745-9133.2007.00478.x. Accessed 13 Sept. 2022.

Sperber, Kimberly G., et al. "Examining the Interaction between Level of Risk and Dosage of Treatment." *Criminal Justice and Behavior,* vol. 40, no. 3, Sage Journals, 2013, pp. 338-348, https://doi.org/10.1177/0093854812467942. Accessed 13 Sept. 2022.

Tonigan, J. Scott, and Samara L. Rice. “Is it beneficial to have an Alcoholics Anonymous sponsor?” *Psychology of Addictive Behaviors*, vol. 24, no. 3, *APA PsycNet*, 2010, pp. 397-403, https://doi.org/10.1037/a0019013. Accessed 13 Sept. 2022.

Tyler, Tom R. “Procedural Justice, Legitimacy, and the Effective Rule of Law.” *Crime and Justice*, vol. 30, 2003, pp. 283–357. *JSTOR*, www.jstor.org/stable/1147701. Accessed 16 Sep. 2022.

Tyler, Tom R. *Why People Obey the Law.* Princeton, NJ: Princeton University Press, 2006.

U.S. Department of Justice, Office of Justice Programs, Drug Courts Program Office. *Defining Drug Courts: The Key Components*. The National Association of Drug Court Professionals, Drug Court Standards Committee, 1997, www.ojp.gov/pdffiles1/bja/205621.pdf. Accessed 12 Sept. 2022.

U.S. Government Accountability Office (GAO). *Adult Drug Courts: Evidence Indicates Recidivism Reductions and Mixed Results for Other Outcomes* (GAO-05-219), 2005, www.gao.gov/products/gao-05-219. Accessed 13 Sept. 2022.

van Wormer, Jacqueline, et al. “Collaboration Within Drug Courts: A National Survey of Drug Court Professionals.” *Justice Evaluation Journal*, vol. 3, no. 2, Academy of Criminal Justice Sciences, 27 Mar. 2020, pp. 178-199, https://doi.org/10.1080/24751979.2020.1744470. Accessed 12 Sept. 2022.

Warren, Roger K., and Jennifer Elek. “Effective Court Responses to Persons Charged with Driving Under the Influence (DUI).” *Courts and Jails*, National Center for State Courts, September 2018, www.ncsc.org/__data/assets/pdf_file/0014/1580/sjc-ncsc-ebjdm-dui-11-19-18.ashx.pdf. Accessed 13 Sept. 2022.

Wendt, Dennis C., et al. “Predictors and Outcomes of Twelve-Step Sponsorship of Stimulant Users: Secondary Analyses of a Multisite Randomized Clinical Trial.” *Journal of Studies on Alcohol and Drugs*, vol. 78, no. 2, Rutgers Center of Alcohol and Substance Use Studies, 2017, pp. 287-295, https://doi.org/10.15288/jsad.2017.78.287. Accessed 13 Sept. 2022.

Wheeler, Meghan, and Carson L. Fox. “Family dependency treatment court: Applying the drug court model in child maltreatment cases." *Drug Court Practitioner Fact Sheet*, vol. 5, no. 1, June 2006, www.ndci.org/wp-content/uploads/FDTC_Fact_Sheet.web%5B1%5D.pdf. Accessed 13 Sept. 2022.

Wisconsin Criminal Justice Coordinating Council (CJCC), *Framework for Defining and Measuring Recidivism*, July 2016, cjcc.doj.wi.gov/sites/default/files/subcommittee/Framework%20for%20Defining%20and%20Measuring%20Recidivism%20revised%20July%202016.docx. Accessed 13 Sept. 2022.

Witbrodt, Jane, et al. “Does sponsorship improve outcomes above alcoholics anonymous attendance? A latent class growth curve analysis.” *Addiction*, vol. 107, no. 2, Society for the Study of Addiction, 2012, pp. 301-311, https://doi.org/10.1111/j.1360-0443.2011.03570.x. Accessed 13 Sept. 2022.

Wodahl, Eric J., et al. "Utilizing Behavioral Interventions to Improve Supervision Outcomes in Community-based Corrections". *Criminal Justice and Behavior*, vol. 38, no. 4, Sage Journals, 2011, pp. 386-405, https://doi.org/10.1177/0093854810397866. Accessed 13 Sept. 2022.

Appendix A

Charge Categories for Criminal Histories/RAP Sheets

The following categorization for criminal records is based upon the FBI's Uniform Crime Reporting (UCR) Program and Black's Law Dictionary. The categorization was developed by the National Center for State Courts for project work specific to problem-solving courts.

CHARGE CATEGORIES FOR CRIMINAL HISTORIES/RAP SHEETS

Person Offenses: refer to offenses against a person defined by the FBI's Uniform Crime Reporting (UCR) Program as those offenses involving force or the threat of force.

Murder	Homicide, non-negligent manslaughter, voluntary homicide
Sex offenses	Forcible intercourse, sodomy, penetration with a foreign object, carnal knowledge of minor, internet sex crimes, pornography, nonviolent or non-forcible sexual assault
Robbery	Unlawful taking of anything of value by force or threat of force; armed, unarmed, and aggravated robbery, car-jacking, armed burglary, armed mugging
Assault	Aggravated assault, aggravated battery, assault with a deadly weapon, felony assault or battery on a law enforcement officer, simple assault, and other felony or misdemeanor assaults
Other person offense	Vehicular manslaughter, involuntary manslaughter, negligent or reckless homicide, kidnapping unlawful imprisonment, hit-and-run with bodily injury, intimidation, and extortion
Family violence	Spousal or intimate partner assault or battery, spousal or intimate partner abuse, child abuse or neglect, cruelty to a child, reckless endangerment

Property Offenses: refer to property offenses defined by the FBI's Uniform Crime Reporting (UCR) Program as the taking of money or property, or the damage of property, without the use or threat of force against the victims.

Burglary	Any type of entry into a residence, industry, or business with or without the use of force with the intent to commit a felony or theft. Breaking and entering.
Larceny/theft	Unlawful taking, carrying, leading, or riding away of property from the possession or constructive possession of another. Grand or petty theft or larceny, shoplifting, or the stealing of any property or article that is not taken by force and violence or by fraud such as thefts of bicycles, motor vehicle parts and accessories
Motor vehicle theft	Auto theft, conversion of an automobile, receiving and transferring an automobile, unauthorized use of a vehicle, possession of a stolen vehicle, larceny or taking of an automobile
Fraud/Forgery	Forging of a driver's license, official seals, notes, money orders, credit or access cards or names of such cards or any other documents with fraudulent intent, uttering a forged instrument, counterfeiting, possession and passing of worthless checks or money orders, possession of false documents or identification, embezzlement, obtaining money by false pretenses, credit card fraud, welfare fraud, Medicare fraud, insurance claim fraud, fraud, swindling, stealing a thing of value by deceit, and larceny by check
Other property offense	Receiving or buying stolen property, arson, reckless burning, damage to property, criminal mischief, vandalism, criminal trespassing, possession of burglary tools, and unlawful entry for which the interest is unknown

Drug Offenses: refer to drug offenses defined by the FBI's Uniform Crime Reporting (UCR) Program as the violation of laws prohibiting the production, distribution, and/or use of certain controlled substances and the equipment or devices utilized in their preparation and/or use.

Drug trafficking	Trafficking, sales, distribution, possession with intent to distribute or sell, manufacturing, and smuggling of controlled substance
Other drug offenses	Possession of controlled substances, prescription violations, possession of drug paraphernalia, and other drug law violations
OWI	Driving Under the Influence

Public Order Offenses: refer to public order offenses akin to the public nuisance defined by *Black's Law Dictionary* as any unreasonable interference with rights common to all members of community in general and encompasses public health, safety, peace, morals, or convenience.

Weapons	The unlawful sale, distribution, manufacture, alteration, transportation, possession or use of a deadly weapon or accessory
Driving-related	Driving with a suspended or revoked license, and any other felony in the motor vehicle code. DOES NOT INCLUDE OWI
Other public order	Flight/escape, prison contraband, habitual offender, obstruction of justice, rioting, libel, slander, treason, perjury, prostitution, pandering, bribery, disturbing the peace, indecent exposure and tax law violations

Technical Offense: refers to any other type of offense not otherwise addressed by the categories described above.

Violation of court order	Violation of court order resulting in a new charge (violation of a law, e.g., Failure to register as sex offender). Includes violation of probation/parole/commitment order.

Other Offense: refers to any other type of offense not otherwise addressed by the categories described above.

Other criminal offense

Appendix B

Procedural Fairness Survey

PARTICIPANT EXPERIENCES SURVEY INSTRUCTIONS

The Participant Experiences Survey[1] can be administered by recreating the survey in an online format or can be printed directly from the provided PDF file ("*Participant Experiences Survey Instrument.pdf*"). Responses should be scored in the provided Excel file ("*Participant Experiences Survey Data.xlsx*"). Specific instructions for data entry and interpreting score ranges are below.

Data entry should be as follows:

- "Strongly Agree" = 7
- "Agree" = 6
- "Somewhat Agree" = 5
- "Neither Disagree nor Agree" = 4
- "Somewhat Disagree" = 3
- "Disagree" = 2
- "Strongly Disagree" = 1
- "Not Applicable" = -98

Score ranges for all four sections are as follows:

- Maximum Score = 7
- *"High"* Score = 6
- "*Low*" Score = 2
- Minimum Score = 1

[1] Measure items were developed by the National Center for State Courts or taken and amended from the following sources:

- Henderson, H., Wells, W., Maguire, E. R., & Gray, J. (2010). Evaluating the measurement properties of procedural justice in a correctional setting. *Criminal Justice and Behavior, 37*, 384-399.
- Skeem, J. L., Eno Louden, J., & Polaschek, D. (2007). Assessing relationship quality in mandated community treatment: Blending care with control. *Psychological Assessment, 19*, 397-410.
- Tomkins, A. J., Bornstein, B. H., Herian, M. N., & PytlikZillig, L. M. (2011-2014). Testing a three-stage model of institutional confidence across branches of government. Ongoing research project funded by National Science Foundation (SES-1061635).

PROCEDURAL FAIRNESS SURVEY

Thank you for your willingness to complete this survey. We are interested in learning more about your personal experiences with the court staff and services to date. The following four sections specifically target the **judge, probation, treatment staff, and the court generally**. In each section, please consider all of your interactions with the indicated person or persons and indicate how much you agree or disagree with each statement listed in the left hand column. For each statement, please select the response option that **best represents your opinion** by placing an **X** in the corresponding box.

Today's Date: _____

What is the name of the court you are involved in?

_____

What is your current phase in the program?

_____

How long have you been in the program? _____*months*

[1] Measure items were developed by the National Center for State Courts or taken and amended from the following sources:

- Henderson, H., Wells, W., Maguire, E. R., & Gray, J. (2010). Evaluating the measurement properties of procedural justice in a correctional setting. *Criminal Justice and Behavior, 37*, 384-399.
- Skeem, J. L., Eno Louden, J., & Polaschek, D. (2007). Assessing relationship quality in mandated community treatment: Blending care with control. *Psychological Assessment, 19*, 397-410.
- Tomkins, A. J., Bornstein, B. H., Herian, M. N., & PytlikZillig, L. M. (2011-2014). Testing a three-stage model of institutional confidence across branches of government. Ongoing research project funded by National Science Foundation (SES-1061635).

Section 1: Your Experiences with the Judge In this section, please consider all of your interactions with the primary judge with whom you have had contact throughout your dealings with the court.	Strongly Agree (7)	Agree (6)	Somewhat Agree (5)	Neither Agree nor Disagree (4)	Somewhat Disagree (3)	Disagree (2)	Strongly Disagree (1)
1. The judge applies rules consistently to everyone.	☐	☐	☐	☐	☐	☐	☐
2. The judge makes me feel comfortable enough to say how I really feel about things.	☐	☐	☐	☐	☐	☐	☐
3. The judge gives me a chance to tell my side of the story.	☐	☐	☐	☐	☐	☐	☐
4. The judge treats me politely.	☐	☐	☐	☐	☐	☐	☐
5. The judge is knowledgeable about my case.	☐	☐	☐	☐	☐	☐	☐
6. The judge makes decisions about how to handle my problems in a fair way.	☐	☐	☐	☐	☐	☐	☐

Section 2: Your Experiences with your Case Manager In this section, please consider all of your interactions with your primary case manager.	Strongly Agree (7)	Agree (6)	Somewhat Agree (5)	Neither Agree nor Disagree (4)	Somewhat Disagree (3)	Disagree (2)	Strongly Disagree (1)
7. My case manager interacts with me in a professional manner.	☐	☐	☐	☐	☐	☐	☐
8. I know that my case manager truly wants to help me.	☐	☐	☐	☐	☐	☐	☐
9. My case manager gives me enough of a chance to say what I want to say.	☐	☐	☐	☐	☐	☐	☐
10. The way my case manager handles my case is fair.	☐	☐	☐	☐	☐	☐	☐
11. My case manager treats all of his or her clients equally.	☐	☐	☐	☐	☐	☐	☐
12. I feel safe enough to be open and honest with my case manager.	☐	☐	☐	☐	☐	☐	☐

Section 3: Your Experiences with Probation In this section, please consider all of your interactions with your primary probation officer.	Strongly Agree (7)	Agree (6)	Somewhat Agree (5)	Neither Agree nor Disagree (4)	Somewhat Disagree (3)	Disagree (2)	Strongly Disagree (1)
13. My probation officer interacts with me in a professional manner.	☐	☐	☐	☐	☐	☐	☐
14. I know that my probation officer truly wants to help me.	☐	☐	☐	☐	☐	☐	☐
15. My probation officer gives me enough of a chance to say what I want to say.	☐	☐	☐	☐	☐	☐	☐
16. The way my probation officer handles my case is fair.	☐	☐	☐	☐	☐	☐	☐
17. My probation officer treats all of his or her clients equally.	☐	☐	☐	☐	☐	☐	☐
18. I feel safe enough to be open and honest with my probation officer.	☐	☐	☐	☐	☐	☐	☐

Section 4: Your Experiences with Treatment In this section, please consider all of your interactions with your primary treatment provider.	Strongly Agree (7)	Agree (6)	Somewhat Agree (5)	Neither Agree nor Disagree (4)	Somewhat Disagree (3)	Disagree (2)	Strongly Disagree (1)
19. The treatment staff gives me a chance to tell my side of the story.	☐	☐	☐	☐	☐	☐	☐
20. I believe the treatment staff is genuinely interested in helping me with my problems.	☐	☐	☐	☐	☐	☐	☐
21. The treatment staff interacts with me in a professional manner.	☐	☐	☐	☐	☐	☐	☐
22. The treatment staff treats all clients equally.	☐	☐	☐	☐	☐	☐	☐
23. I feel safe enough to be open and honest with treatment staff.	☐	☐	☐	☐	☐	☐	☐
24. The way treatment handles my case is fair.	☐	☐	☐	☐	☐	☐	☐

Section 5: Your Experiences with the Court in General In this section, please consider all of your interactions with the staff of the court that have not been specifically mentioned above.	Strongly Agree (7)	Agree (6)	Somewhat Agree (5)	Neither Agree nor Disagree (4)	Somewhat Disagree (3)	Disagree (2)	Strongly Disagree (1)
25. They treat all people and groups equally.	☐	☐	☐	☐	☐	☐	☐
26. They are fair in their dealings.	☐	☐	☐	☐	☐	☐	☐
27. They care about me.	☐	☐	☐	☐	☐	☐	☐
28. They treat me with courtesy.	☐	☐	☐	☐	☐	☐	☐
29. They listen to me.	☐	☐	☐	☐	☐	☐	☐
30. They are trustworthy.	☐	☐	☐	☐	☐	☐	☐